

Michigan Department of Agriculture
Pesticide and Plant Pest Management Division
P.O. Box 30017
Lansing, Michigan 48909
(517) 241-1169

PESTICIDE APPLICATION NOTIFICATION REGISTRY PHYSICIAN'S CERTIFICATION

(in Accordance with Act 451, P.A. 1994)

PLEASE PRINT OR TYPE

1 NAME OF PERSON REQUIRING NOTIFICATION			
LAST		FIRST	
MIDDLE INITIAL			
STREET ADDRESS			
CITY		STATE	ZIP
COUNTY			
2 PHYSICIAN'S INFORMATION			
PHYSICIAN'S LAST NAME		FIRST	
MIDDLE INITIAL			
STREET ADDRESS		TELEPHONE NUMBER	
CITY		STATE	ZIP
COUNTY			
3 THIS APPLICANT SHOULD BE PLACED ON THE REGISTRY OF PERSONS REQUIRING NOTIFICATION PRIOR TO TURF AND ORNAMENTAL PESTICIDE APPLICATIONS TO <i>ADJACENT</i> PROPERTIES			
MEDICALLY DIAGNOSED CONDITION OR AILMENT Consistent with medical references such as ICD-9-CM International Classification of Diseases, or the American Medical Association's Physician's Current Procedural Terminology CPT98.		INSURANCE CODE FOR MEDICALLY DIAGNOSED CONDITION OR AILMENT	
Diagnosed Condition or Ailment:		Code:	
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Diagnosed Condition or Ailment		Code:	
4 ADDITIONAL DISTANCE RECOMMENDED FOR NON-ADJACENT PROPERTIES			
I hereby recommend that the additional distance notification of _____ feet is deemed necessary for the above person as medically substantiated by the following:			
1.			
2.			
3.			
5 I certify that the applicant named in the first section is a patient under my direct care, whom I have examined and who should avoid exposure to pesticides due to the above condition(s) listed (as required by Regulation 637, Rule 5(1)(a)(b)). The applicant should be placed on the registry of persons requiring notification prior to pesticide application(s) to adjacent and/or additional properties as substantiated above. I further certify that I have completed this form and I am licensed to practice medicine in the State of _____ License Number: _____.			
6 Signature of Physician		Date	

Note: Physician should maintain a copy of this form in the patient medical records file.